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An

Inaugural Essay

on

Cynaecke Crackealis.

by S. C. Snyder

admitted March 13th 1821.

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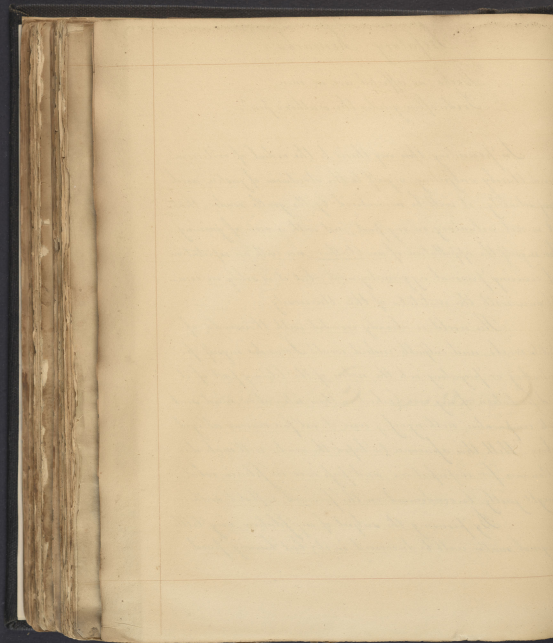
Prefatory Remarks

"Books, as affected are as men,
Pride often guides the author's pen."

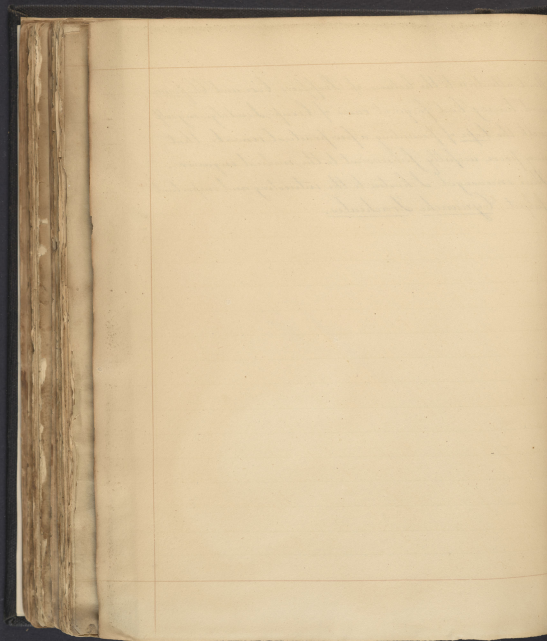
In presenting this my thesis to the ordeal of criticism, and thereby subjecting myself to the strictures of justice and impartiality, it will be remembered by the gentle reader, that it is not voluntary on my part; not with a view of gaining for myself the appellation of an Author; nor with an expectation of receiving personal aggrandizement; but it is solely in compliance with the institutes of this University.

The world is already crowded with thousands of futile works, and culpable indeed would I consider myself for intruding or projecting into the notice of the literary part of it, a dissertation of my own (which in their estimation must sink into comparative nothingness) were it not for reasons alleged above. With this assurance too hoped the reader will make due allowance for imperfections, and pass over in silence what might justly be condemned in the foreword, inflated author.

By perusing the subject of my selection, very little original matter will be discovered in it; but having paid



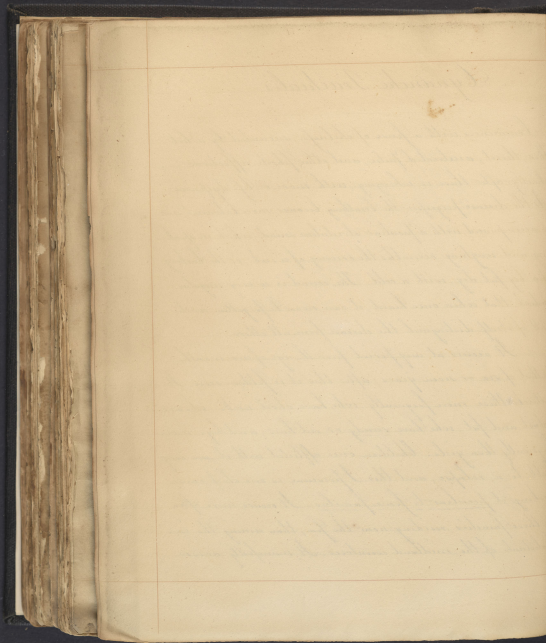
flout attention to the lectures of Professors Coxe and Chapman
and having had frequent cases of Croup, I indulge myself
with the hope of presenting a few practical remarks, that
may prove usefully subservient to the medical enquirer.
Thus encouraged, I hew to the interesting and important
subject, Cynanche Trachealis.



Cynanche Trachealis

Commences with a sense of chilliness, succeeded by a hot skin, thirst, accelerated pulse, and other febrile affections, shortly after there is wheezing, with more or less dyspnoea. As the disease progresses, the breathing becomes more laborious, and is accompanied with a peculiar stridulous sound, which in speaking and coughing, resembles the crowing of a cock, or the barking of a big fat dog, with a cold. The sound is so very singular indeed, that when once heard, it can never be forgotten, and will of itself distinguish the disease from all others.

It occurs at any period from the age of six months, to that of six or seven years; after this it is seldom seen. It attacks those more frequently, who have short necks, who are robust and fat, who have sandy or red hair, and boys more frequently than girls. Children once afflicted with it, are very liable to a relapse, and this I presume is one chief cause making it peculiar to some families. It occurs more often in those families residing near the sea, than among the inhabitants of the midland countries. It manifestly arises

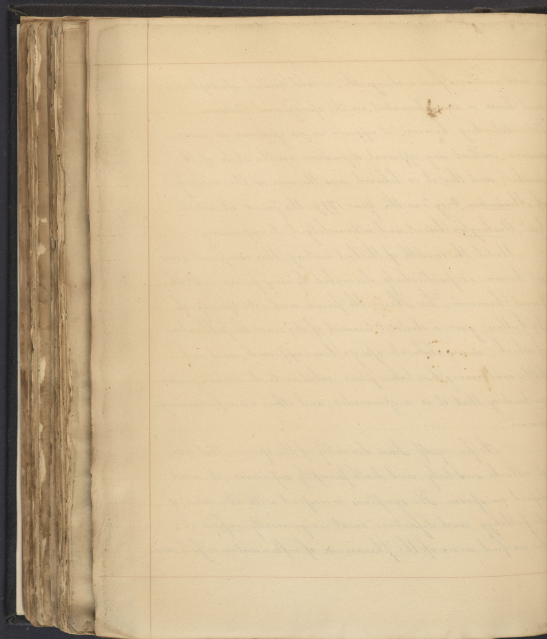


in most instances from a changeable, or cold humid atmosphere, and hence is ~~more~~ prevalent in the spring and Autumn.

Notwithstanding, however, it appears as an epidemic in some seasons, without any apparent dependence on the state of the weather; and this it is believed was the case in the vicinity of Alexandria, Virg. in the Year 1799, the period at which Gen. Washington bore it and acknowledged its supremacy.

Until the middle of the last century, this complaint was not known, or particularly described by any person. At this period however, Dr. Home the friend and cotemporary of Dr. Cullen, gave a distinct account of it; since the publication of which, many elaborate essays have appeared, and not a little controversy has taken place, relative to its nature; some contending that it is a spasmodic, and others an inflammatory disease.

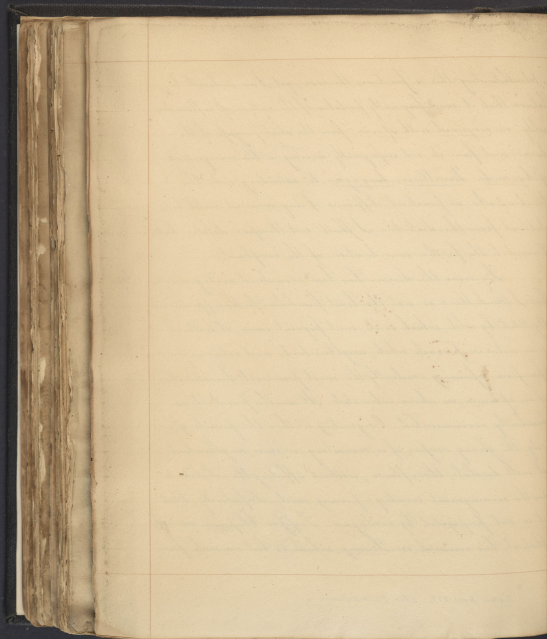
As for myself, I am decidedly of the opinion, that when it attacks suddenly, and death promptly supervenes, it must depend on spasm. The symptoms correspond with this view of its pathology, and dissections most unequivocally confirm it; for we find none of the phenomena of inflammation in such cases.



Notwithstanding this is sometimes the case, yet I am induced to believe that it more frequently partakes of the nature of inflammation, solely, or conjoined with spasm, from the slow progress of the disease, and from its not infrequently arising as the consequence of Cynanche Tonsillaris, Laryngæa, &c. extending into the trachea.* As no practical difference of any moment could be deduced from the distinction, I shall, not therefore detail, but proceed to the further consideration of the complaint.

By some the disease has been considered contagious; but I think there is not the least foundation for the supposition. Agitated by cold, which is its most frequent cause, it will in some instances pervade whole neighbourhoods and cities in quick succession, resembling evidently the most prominent characteristics of an epidemic, as above intimated. At another period it is peculiarly circumscribed. Originating within the precincts of a city, the gloomy recesses of a monastery, or in a neighbourhood, it will devastate those places, without affecting the inhabitants in the circumjacent country; proving most satisfactorily, that it is not propagated by contagion. Professor Chapman remarks, that it has occurred in Twang, which is but one mile from

* Cullen, page 337. also Dobbs Chapman.

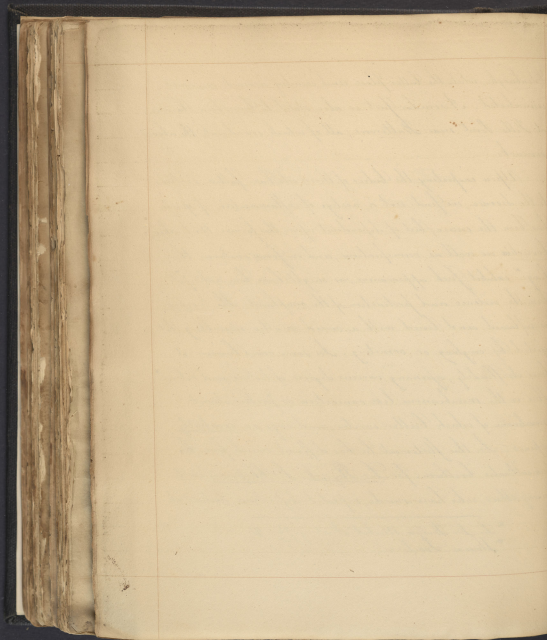


Edinburgh, while the latter place and country around remained uninvolved. A similar fact is also stated to have been the case at Tells Court, near Dallinore; all of which corroborate the above remarks.

Upon inspecting the bodies of those who have fallen victims to the disease, we find not a vestige of inflammation, if spasm has been the cause, but if dependant upon the former, the trachea, bronchia as well as ramifications, and in some instances the lungs* exhibit such appearances, as might have been anticipated, from the violence and protraction of the complaint. The trachea is inflamed and lined with a viscid matter, resembling that ejected by coughing or vomiting. In some cases however it loses its fluidity, assuming various degrees of texture and colour*. This is the membranous like concoction or preternatural membrane of which Cullen writes, and says so constantly appears. In this statement he has differed much from his transatlantic brethren; for Dr Whysick, Dr Chesman and many others, who have made repeated dissections, declare it

* See Dr. Duffin's Morbid Anatomy page 91.

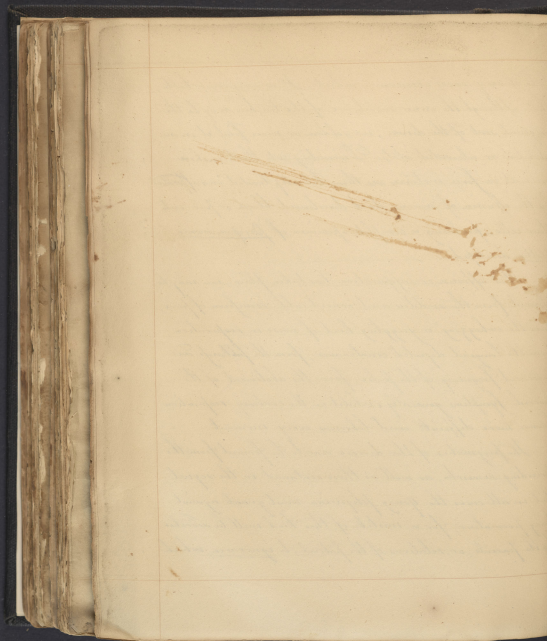
* Thomas' Practice



to be of very rare occurrence indeed. It is very remarkable, that, although the inner membrane of the trachea may be the original seat of the disease, we seldom or never find it in an abraded or ulcerated state. Descending into the bronchia we well in some instances see them literally loaded or suffocated by the effusion of mucus, dark discoloured blood or pus into their cells; producing a complete specimen of Puripneumonia Wolke developed.

That effusion or suppuration has taken place, we may be assured from the sudden and considerable remission of pain; from the "whizzing" or gurgling kind of noise in respiration; from the languid dejected countenance; from the feebleness and increased frequency of the pulse; from the abatement of the febrile symptoms generally; whilst on the contrary respiration becomes more difficult and laborious every moment.

The progresses of this disease are to be formed from the preceding remarks, as well as those contained in the sequel; but in all cases the young physician must guard against being premature; for a mistake of this kind will be ascribed by the parents, or relations of the patient, to ignorance, which



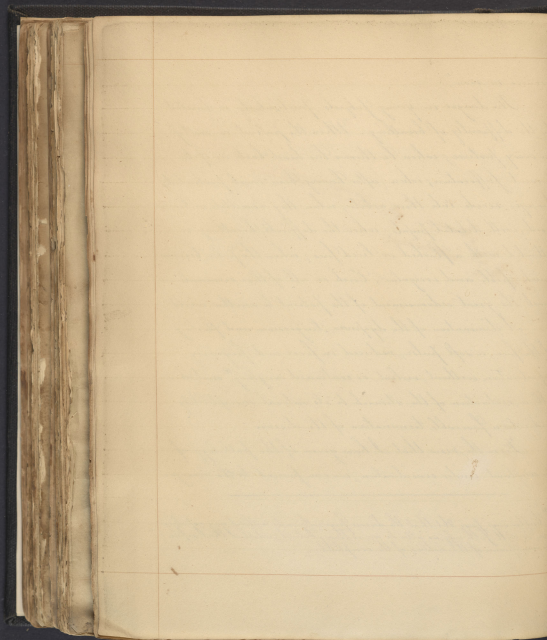
"occurs no more"

The danger in young Subjects, particularly, is denoted by the difficulty of breathing. When the patient is restless in every posture; when he throws his head back as if to prevent suffocation; when (after having been much prostrated) his eyes recede into their orbits; when they vacillate or become fixed, with dilated pupils; when the difficult breathing is attended with a flushed or livid face; when the pulse becomes quick, feeble and irregular, Each or all of these circumstances, mark the great advancement of the patient to another world.

A diminution of the dyspnoea, turgescence and flushing of the face, a soft pulse, reduced in force and frequency, expectoration without violent, or continued coughing,* and above all, a restoration of the stomach to its natural susceptibility, indicate a favorable termination of the disease.

From the view that I have given of the pathology of the complaint under consideration, we can proceed to the manage-

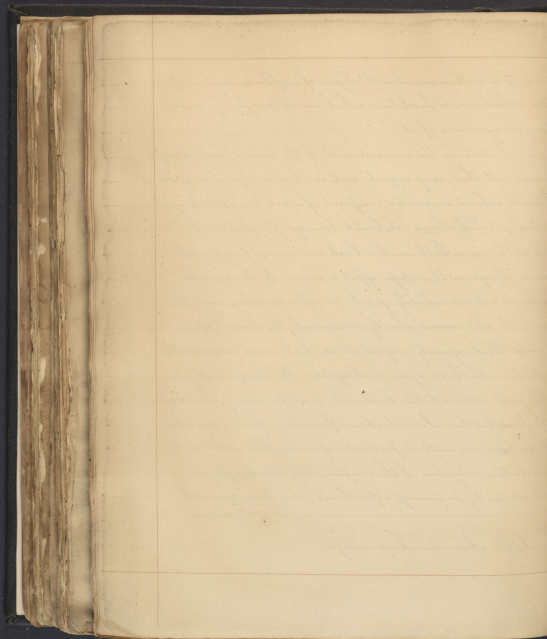
* Cullen says page 261 that the disease frequently ends without any expectoration, or with just only, as attends an ordinary catarrh; which I think supports his own opinion of the nature of the complaint.



ment of it with a considerable degree of confidence, and without that reluctance, or hesitation, which would necessarily arise from an ignorance of it.

Called in the commencement of the disease, as the symptoms are not then very urgent, and as it may depend on spasms, I would exhibit an emetic, composed of a solution of tartarized antimony, or Dr Boer's celebrated five syngi*, which, with the aid of the warm bath, and a brisk mercurial purge, will almost always, in this stage, effect a cure. If however, the emetic does not immediately operate, or after operating, and the use of the other means already mentioned, the disease recur, I would thirdly, repeat the emetic, and immerse the patient in the bath again, and again. The disease will generally yield at last to this treatment, or suffer a very considerable remission, but here I would observe from the emphatic remarks of Dr Boer, as well as personal experience, that, whatever may be the mitigation of the complaint, the attending physician will always, by remaining a few hours, sometimes, moments,

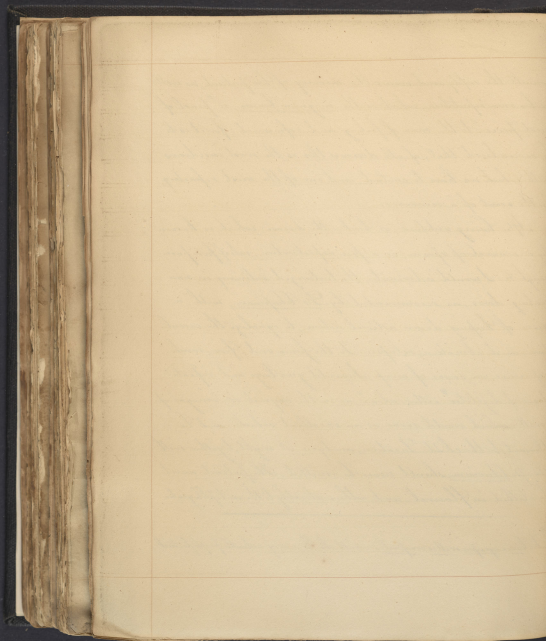
* See the American Dispensatory



consult the safety and ensure the recovery of the patient, as well as his own reputation, which is the *magnam bonam*, or "jeal of great price," to the man of feeling and refinement: for it is to be remembered, that, of all diseases this is the most insidious with which we have to contend, and one of the most refractory in the event of a recurrence.

After having subdued, or broken the disease, which is known by a removal of spasm, or a free expectoration, relief from pain, cough &c. I would administer the tartarized antimony in nauseating doses, as recommended by Dr Chapman, with a view of keeping down arterial action, to equalize the circulation, and obviate a relapse. To the same end, from much experience in cases of croup, I would give large and repeated doses of *digitalis** either alone, or in the oxymel or vinegar of squill, which would serve as an excellent vehicle, and be pleasant to the child. Tinctures, anodynes at night, together with the *pediluvium* should never be omitted. The patient must be clothed in flannel, and adhere strictly to the antiphlogistic

* *Dr Coen's symplicis scillae compositus* would also be a very valuable pectoral.



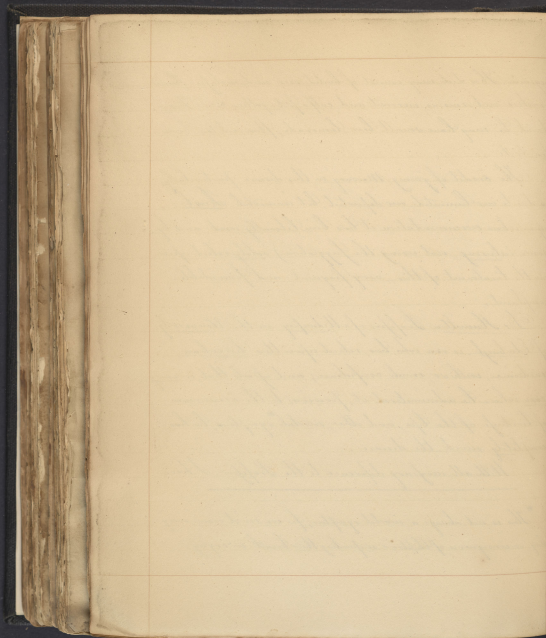
regimen. His diet may consist of boiled rice and molasses, toast
crackers and raisins, currant and calf's foot-jellies &c. For
drink, he may have small beer, lemonade, flax seed tea, brown
tea &c, &c.

The credit of giving Mercury in this disease, particularly,
is due to our lamented, our departed, but immortal Hersch,
upon whose recommendation it has been liberally used, and by
some (abusing, not using the suggestion) solely relied upon
in the treatment of this, very frequent, and formidable
complaint.

Dr Hamilton Professor of Medicine, in the University
of Edinburgh, is one who has relied upon this Heracuban
medicine, with so much confidence; and asserts that, in every
case where he administered it, previous to the occurrence
of lividity of the lips, and other mortal symptoms, he has
completely cured the disease.

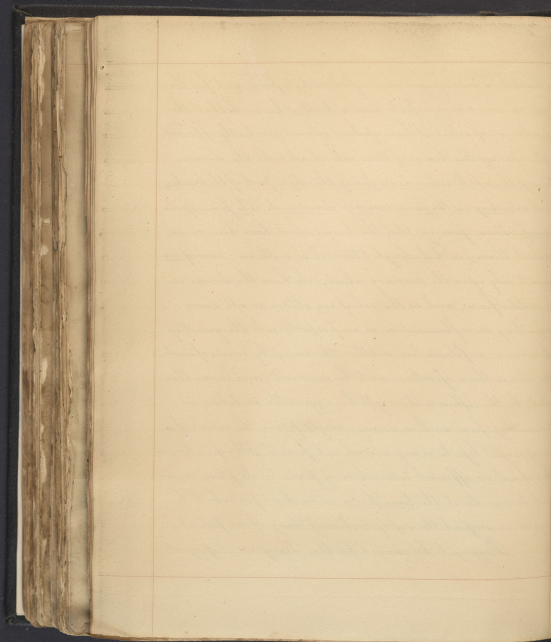
With all necessary deference to the Professor, I have

* This is not always a mortal symptom; for we see it occur every
day, in consequence of children suspending their breath in crying.



no hesitation in saying that his statement is false, and for the most obvious reasons: first, because Cullen has said that the membrane (of which I have spoken) almost constantly appeared upon opening the bodies of those who died with the disease, lining the whole internal surface of the upper part of the bronchæ, and extending in the same manner downwards into some of its ramifications; proving, that the disease must have been more violent there (in Edinburgh) than it is with us: now if we cannot rely upon the mercury alone, who have the disease in a milder form, and as the relief we obtain in all cases depending on inflammation, is in proportion to the quantity of mucus, or "filamentary matter" thrown up by means of smokes &c., this author's assertion must be incorrect, and worse than that, by the influence it might have upon the credulous, as emanating from such a source, might prove the means of an irreparable loss to many a "widowed female". Therefore, however beneficial or efficient calomel may prove in its place, we are not to consider it the terra firma or anchor upon which to repose or suspend the safety and well being of our patient.

Begging to be excused for this digression, Hoping at



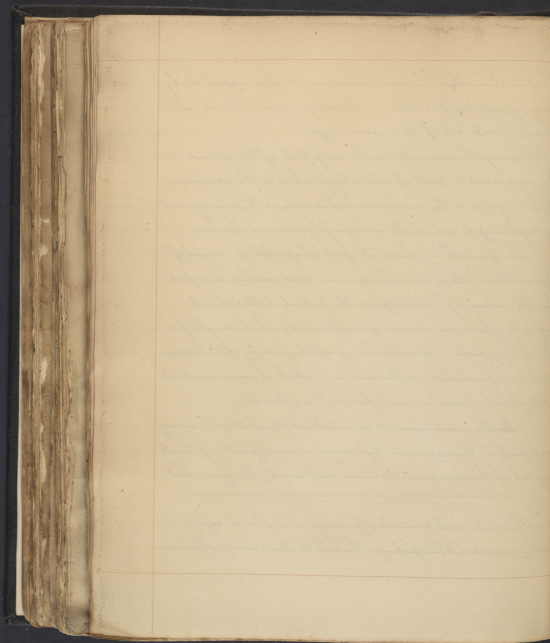
the same time that the consideration may be duly appreciated by every speculative practitioner, I shall proceed to the consideration or treatment of the second stage.

Closing the remarks on the early part of the disease, we come now to treat of that stage, which is the consequence of its original violence, of some indiscretion in the management, or, neglecting to solicit the aid of a physician in due time.

The disease being divested of its "heaps clothing" or garb of dissimulation, which it so lately wore, now exhibits an aspect terrible, alarming,* and exposes the patient to the utmost jeopardy, from the danger of suffocation; which, may be produced by spasm, by a thickening of the parietes of the trachea (if it is dependant on inflammation) which of course contracts its natural diameter, and finally by effusion.

In the commencement of an attack, the patient is uneasy and fidgety; has, more or less cough, some difficulty of breathing which becomes more odorous and shrill; the eyes, which

* The reader will excuse me for using metaphorical expressions, as they are intended to impress upon his mind the illusive character of the disease.

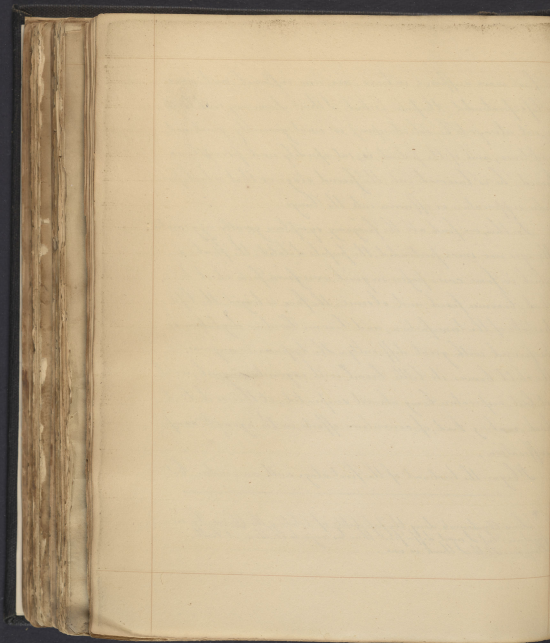


at first were suffused in tears, are now inflamed, and more or less protruded, the pulse (which I think I can say with truth, is not always to be relied upon) is most generally quickened and tense, and if the patient is not speedily and promptly relieved, he is hurried into the second stage or that which precedes suppuration or effusion into the lungs.

In this, we find all the foregoing symptoms greatly aggravated. The eyes are more protruded, the pupils dilated, the flushing which in some cases passes in quick succession from cheek to cheek, becomes fixed and obscure, the face is livid, the Lips partake of the tumefaction, and become livid - deglutition is performed with great difficulty - The dyspnoea is augmented, the child heaves its little Breast with exquisite anguish, until at last, respiration being almost suspended, it throws its head back, making kind of convulsive efforts in the agony to escape suffocation.

I began the treatment of the first stage with an emetic; but

* Some Anatomists deny the possibility of dilating the thorax by inspiration: but I must differ from them as regards children at least. Benjamin Bell I think is one.



in this, I would bleed without delay, in order to arouse the susceptibility of the stomach to the action of the emetics, to find a way for the introduction of other remedies, and ascertain with more precision, the true character and import of the disease. This last consideration, must always be attended to: for some cases apparently of the most desperate kind, yield without much difficulty, and vice versa. Previous to suppuration or effusion, we may bleed in many cases ad deliquium animi; for there are persons, who, by peculiarity of constitution, faint even upon a small bleeding. This would prevent the drawing of so much blood as the case requires; but as the same persons are found to bear after bleedings better than the first, we are allowed to carry the second and subsequent venesections to such an extent as the symptoms may seem to demand. In pursuing the necessary course of violence with the disease, we are, not to be governed by the remarks of a spectator, who will tell us probably that our remedy is worse than the disease; but by the age and vigour of the patient, as well as the activity of the disease, and the effects produced.

Whilst we abstract blood from the general circulation,

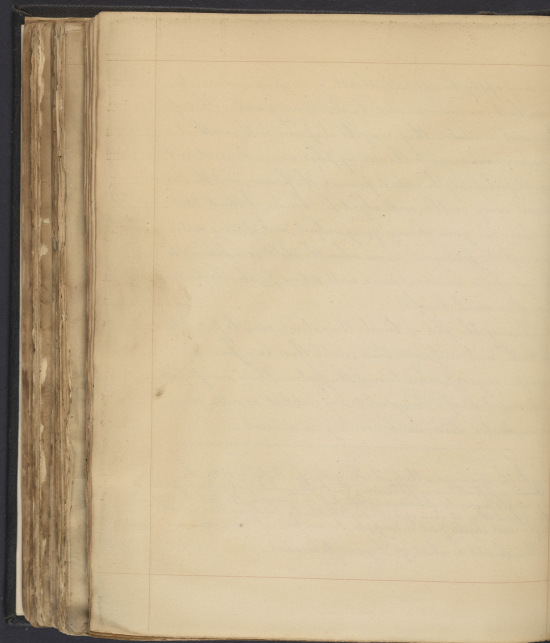


* we may apply leeches to the throat, or cupping instruments to the back, as recommended by almost every author; but if I am not mistaken they may be dispensed with, without any inconvenience to the country physicians, who will, not in all probability be able to procure the former, and the latter almost every author will object to. Besides, I think that scarifying the gums of very young subjects, and opening one or more of the sublingual veins when the child is advanced to the age of two or more years, will, æquis paribus be productive of as much benefit.

During the flow of blood, the patient, may be put into the bath, and continued there, until there is a sense of syncope, or great relaxation of the system. She is now prepared and may take of a strong solution of Nat. tart. or sulph. zinc, in graduated doses, until vomiting is induced.

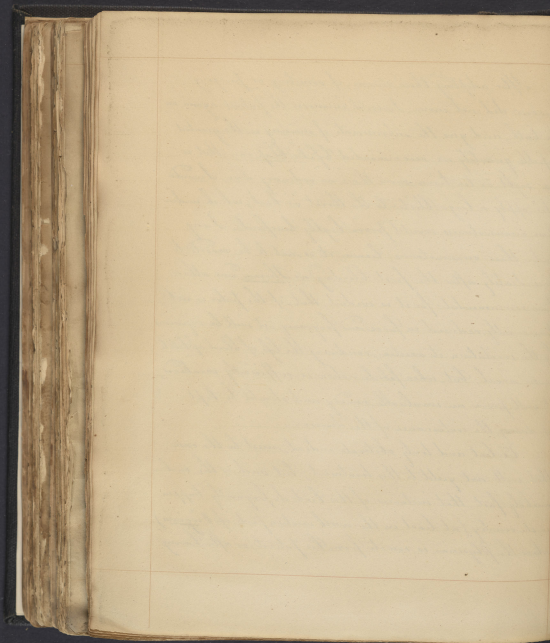
In the American Medical Recorder for October 1890, I found a dissertation on Phthisis by Dr. Bush of New York pointing out the propriety of immersing the feet in warm water and drawing sweat from them in cases of phthisis. Whether or not such a treatment is the most eligible for the purpose, I cannot form any opinion.

This should be about 90 Degrees Fahrenheit.



After adopting these means, if vomiting or purging
however did not ensue, I would immerse the patient again in
the bath, and give the submerisate of mercury in the greatest
possible quantity as recommended by Dr Chapman, that is,
six, eight or ten times more than an ordinary dose. I would
also apply a large blister to the throat or back, which under
these circumstances would prove highly beneficial. I say
under these circumstances, because it is not to be resorted to
immediately after the first bleeding as Thomas and others
have recommended: for it is evident, that, if the pulse is not
permanently reduced in force and frequency, it will be injurious
by the irritation it excites rendering the loss of blood of little
or no avail; but, when febrile action is sufficiently weakened,
it will prove an invaluable remedy and should be kept up
during the continuance of the disease.

Violent and truly obstinate indeed, must be the case
that will not yield to this treatment; but such is the mal-
ancholy fact, that instances of this kind do frequently happen
in the country (at least in the north western parts of Virginia)
where the physician is remote from his patient, or after having

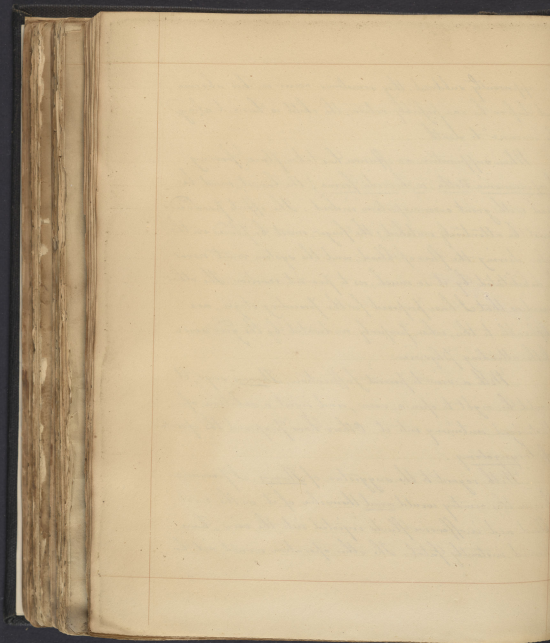


been apparently subdued, they sometimes recur in his absence, and before he can possibly return, the child is hurried along the "avenue" to death.

When suppuration or effusion has taken place (forming Pneumonia Notha, in horrida forma) the lancet must be used with great circumspection indeed. The effects produced must be attentively watched; the finger must be placed on the pulse during the flow of blood, and the system must never be debilitated by it so much, as to prevent reaction. The other remedies that I have proposed for the preceding stages, are applicable to this, when properly moderated by the good sense of the attending Physician.

With a view to prevent suppuration, Thomas says, it would be right to open a vein, and inject a solution of tartarized antimony into it. Others have proposed the operation of Coryngotomy.

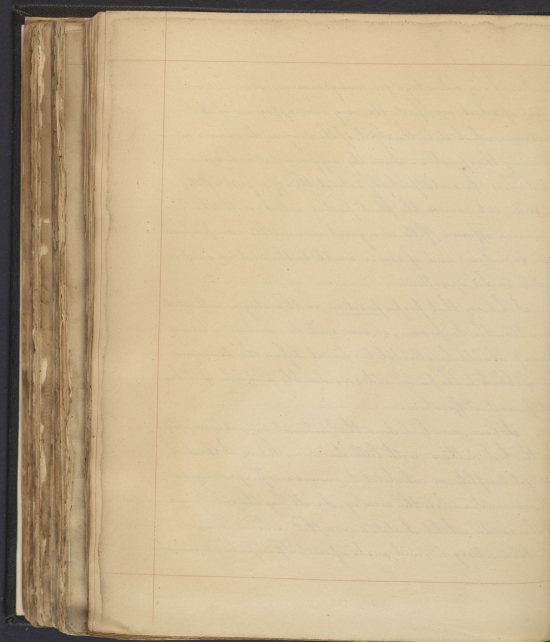
With regard to the suggestion of Thomas, I presume few in this country would avail themselves of it, as the most blood and inoffensive fluids injected into the veins, have proved instantly fatal. The other operation would not be



Productive of any advantage for many reasons. The most important of which are, First, the very rare appearance of that membrane, which it is the object of the surgeon to remove in performing the operation. Secondly, supposing it did occur in all cases, he could probably extract the upper part of it, but could not remove the lower portion, which, with the Pneumonic effusion, fills in a great measure the ramifications of the bronchiae: and of course would be thwarted or disappointed in this operation.

I believe that proper position in this stage, will effect more than the knife can, or ever will do; and in all cases of empy, should be attended to; for it lessens the determination of blood to the parts, and considerably protracts, if it does not prevent suppuration.

I have now laid down the treatment as recommended by the best authors, with little deviation; but as I think it not yet complete, or calculated to answer our purpose under all circumstances in the country, I will beg the indulgence of the reader whilst I state a case that occurred near Charleston, Virginia, and make upon it a few postscript remarks.

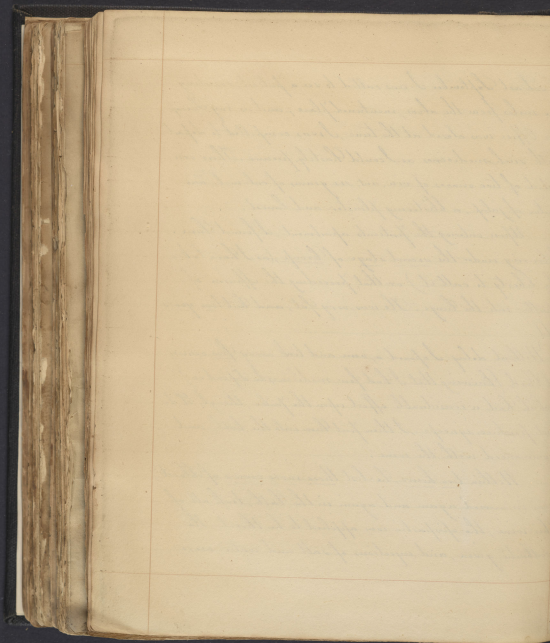


Last September I was called to see a patient residing five miles from the above mentioned place; and as my Dispensary Office was closed at the time, I was compelled to depart with such medicines as I could hastily procure. These consisted of two ounces of vin, ant. six grains of calomel, and tincture of jalap, a blistering plaster and lancet.

Upon entering the patients apartment, I found him labouring under the second stage of Croup, (as I have taken the liberty to call it) or that proceeding the effusion of matter into the lungs. He was very fat, and but two years old.

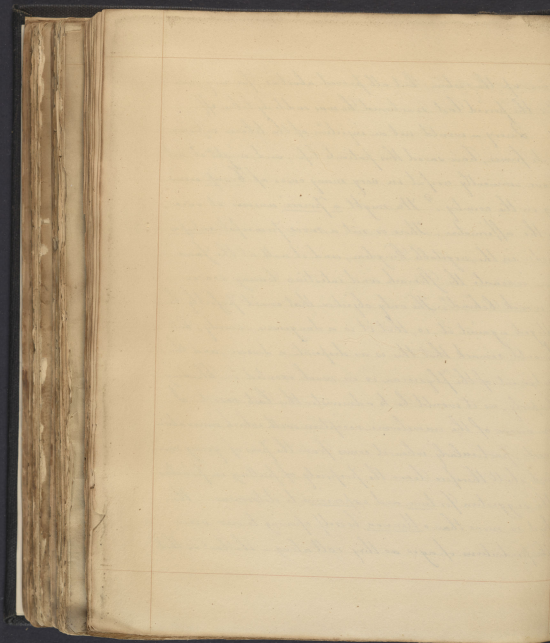
Without delay I opened a vein and took away five ounces of blood (knowing that I had few medicines to depend on) which had a considerable effect upon the pulse, though it did not produce syncope. I then put him into the bath, and commenced with the wine.

Within two hours, he lost three more ounces of blood, was immersed again and again in the bath, took all of his wine, the epispastic was applied to his throat, the cathartic given, and injections of salt and water were



thrown up the rectum; But all proved abortive, for, very soon after the period last mentioned he was suddenly taken off.

Quercy - would not an injection of the tobacco infusion or its fumes, have saved this patient's life, and might it not prove eminently useful in very many cases of Erump occurring in the country? We might a priori answer at once in the affirmative. There is not a more powerful antispasmodic in the vegetable Kingdom, and it will at the same time evacuate the stomach and intestines leaving scarce "a wreck behind." The only objection that could possibly be alleged against it, is, that it is a dangerous remedy; but I would remark that this is as desperate a disease, and the judgment of the physician is as much exerted in bleeding properly, as it would be to administer this last resort. I am aware of the unwelcome reception with which innovation meets, particularly when it comes from the pens of young men, and shall therefore leave the propriety of putting in practice the suggestion for time and experience to determine - the first is, more than Minerva herself opening to our view the productions of ages as they roll along - the last is that



delicate test by which we ascertain their intrinsic value,
enabling us to disseminate throughout the world, the
blessings and comforts they may respectively afford.



